

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

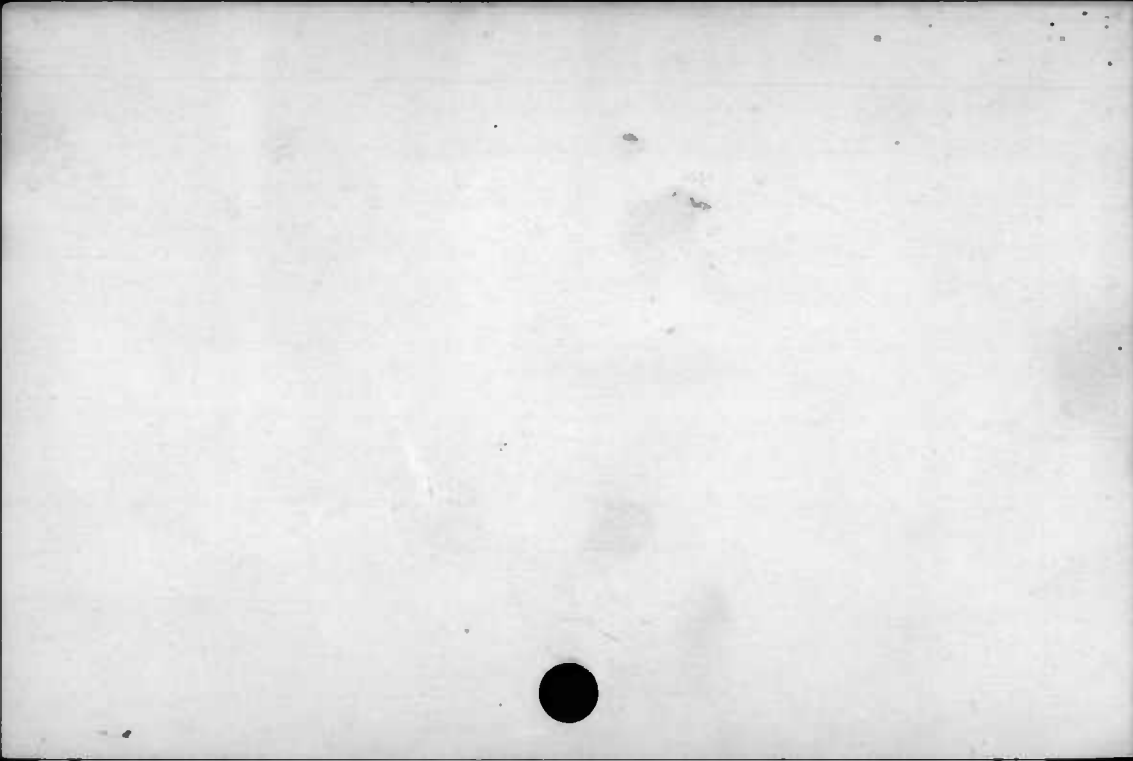
MARYLAND

Died at <i>New Morris Springs</i>		Town		<i>Charles.</i>		County	
Date of death 1902	Month <i>Oct</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>D.C.</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Jr. Bowman</i>				Father's Birthplace <i>- Md -</i>			
Mother's Maiden Name <i>Catherine O. News Hall</i>				Mother's Birthplace <i>- Md -</i>			
Name of person giving information <i>Catherine O. Bowman</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ileo-enteritis</i>	How long	<i>One week.</i>
Immediate	<i>105</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. W. Muldrew M.D.</i>	
		Address <i>Princeton Md.</i>	
Accident or Suicide? <i>No</i>		<i>1</i>	



Name
in
Full

Adelaide Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dean Waldorf</i> ^{Town}		<i>Le Haris</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>October</i>	Day <i>2</i>	Age <i>7</i>	Years <i>7</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>Beau</i>		Birth-place <i>Le Haris Co. Ind.</i>	
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Aquilla Butler</i>			Father's Birthplace <i>Le Haris Ind</i>		
Mother's Maiden Name <i>Bessie Butler</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Aquilla Butler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>108</i>	How long
Immediate <i>Cholera infantum</i>		How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Thomas</i>	Address <i>Waldorf Ind</i>
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>3</i>	Age <i>37</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Occupation <i>Housewife</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed <i>Married</i>					
Name of Wife or Husband <i>Vincent - Butler</i>					
Father's Name <i>Thos Butler</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Vincent - Butler</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 yr</i>
Immediate <i>Heart failure</i>	How long <i>3 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Chappelen MD</i>
	Address <i>Hughes Hill Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary M. Carter
 Died at *Newport* Town *Cecilus* County *MARYLAND*

Date 19*04* Month *Oct* Day *5* Age Y. *1* M. *12* D. Native of *Ind* Occupation *—*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of *—*
 Wife *—*

Father's Name *Wm J. Carter* Mother's Name *Anna Goldsborough*
 Maiden Name *—*

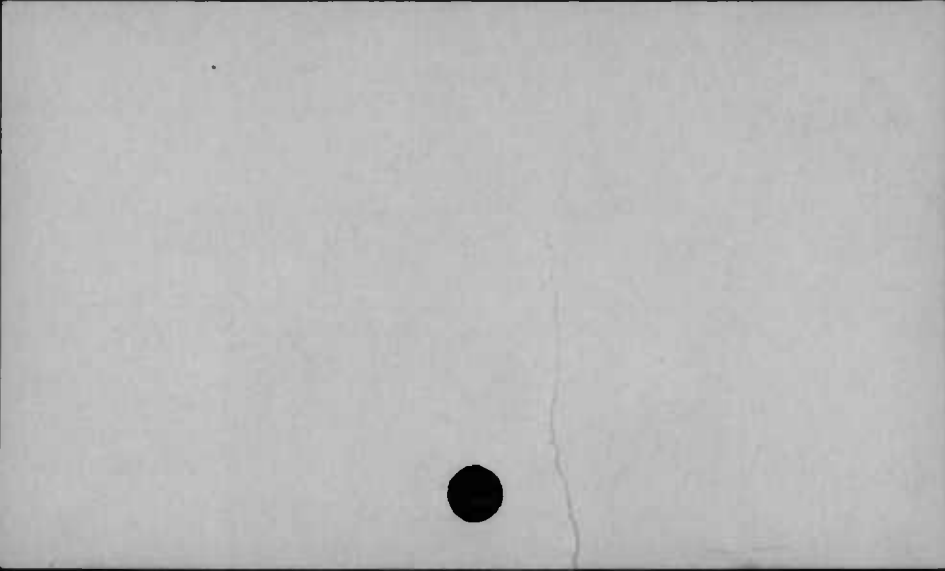
Cause of Death { Primary *Congestive* Immediate *Heart Failure* }
 How long sick *3 days*
 Accident, Suicide, Homicide

Reported by *Anna Goldsborough (mother)*

Address *Newport* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full Millie Gurren		CERTIFICATE OF DEATH	
Died at Wanpung Town		County Charles	
Date of death 1902		Age 65	
Month Oct		Day 19	
Sex Female		Color or Race B	
Married, Single or Widowed		Occupation	
Name of Wife or Husband Frank Gurren		Birthplace Maryland	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information Thomas Gaines		How related to deceased 66 None	
CAUSES OF DEATH			
Primary Paralysis		How long sick 3 month	
Immediate —		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. H. Speake M.D.	
Address Grayton Md		Address Grayton Md	
Accident or Suicide?			

Please send me blanks
return of deaths & births
S. N. S.

Henry Alexander Hise

Town

County

Died at

MARYLAND

Died at Indian Head Charles
 Date 1902 Oct. 15 Y. M. D. Age 14 - Indifferent
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

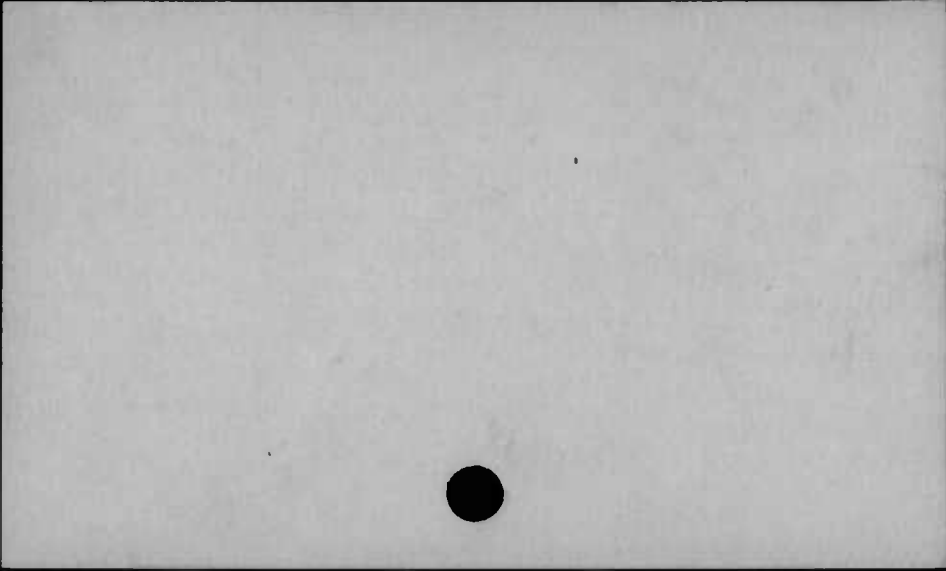
Immediate

Six days
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank A Jumper

CERTIFICATE OF DEATH

Died at near *Granadas* TownCounty *Charles*

MARYLAND

Date
of death 190 *2*Month
*Oct*Day
19

Age

Years

Months
4

Days

Sex

*Male*Color or
Race*B*Birth-
place*Charles*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*Brent-Jumper*Father's
Birthplace*Charles Co*Mother's
Maiden Name*Hannah Pryor*Mother's
Birthplace*Charles Co*Name of person giving
Information*Brent-Jumper*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Croup

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Idella Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near cross roads,* Town

Charles County

MARYLAND

Date
of death 190 *2*

Month
Oct-

Day
17

Years

Months
2

Days

Age

Sex

female

Color or
Race

W

Birth-
place

Charles co

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Noble Smith

Father's
Birthplace

Charles md

Mother's
Maiden Name

Mary E Posey

Mother's
Birthplace

' ' '

Name of person giving
information

Noble Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

105

Immediate

Summer Complaint

How long

2 month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address



Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Edward Schaeley Smith

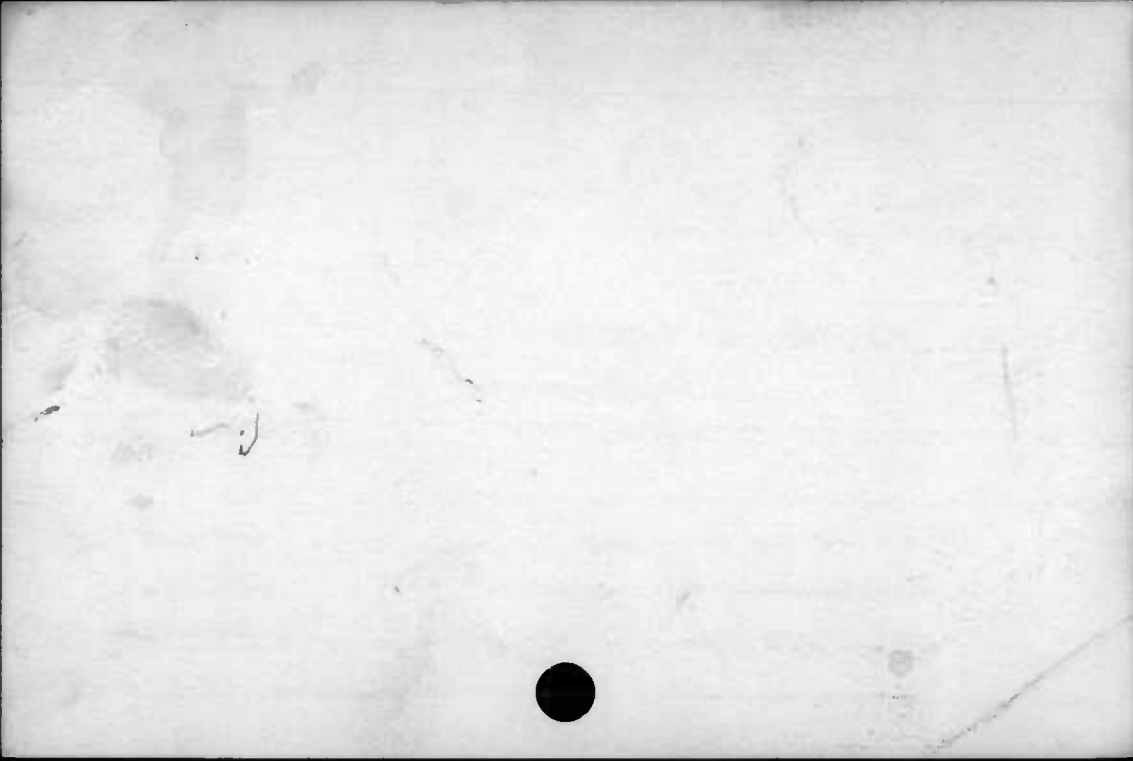
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Waldorf		County Charles		MARYLAND	
Date of death 1902		Month October	Day 1	Age Years		Months 2	Days 11
Sex Male		Color or Race White		Birth- place Leharts Co Del			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name J. E. Smith				Father's Birthplace Hartford Co			
Mother's Maiden Name Mary E. Brunner				Mother's Birthplace " "			
Name of person giving In formation J. F. Smith				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long 105	
Immediate Malarial infection		How long 2 Months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. O. Morris	
		Address Waldorf Del.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

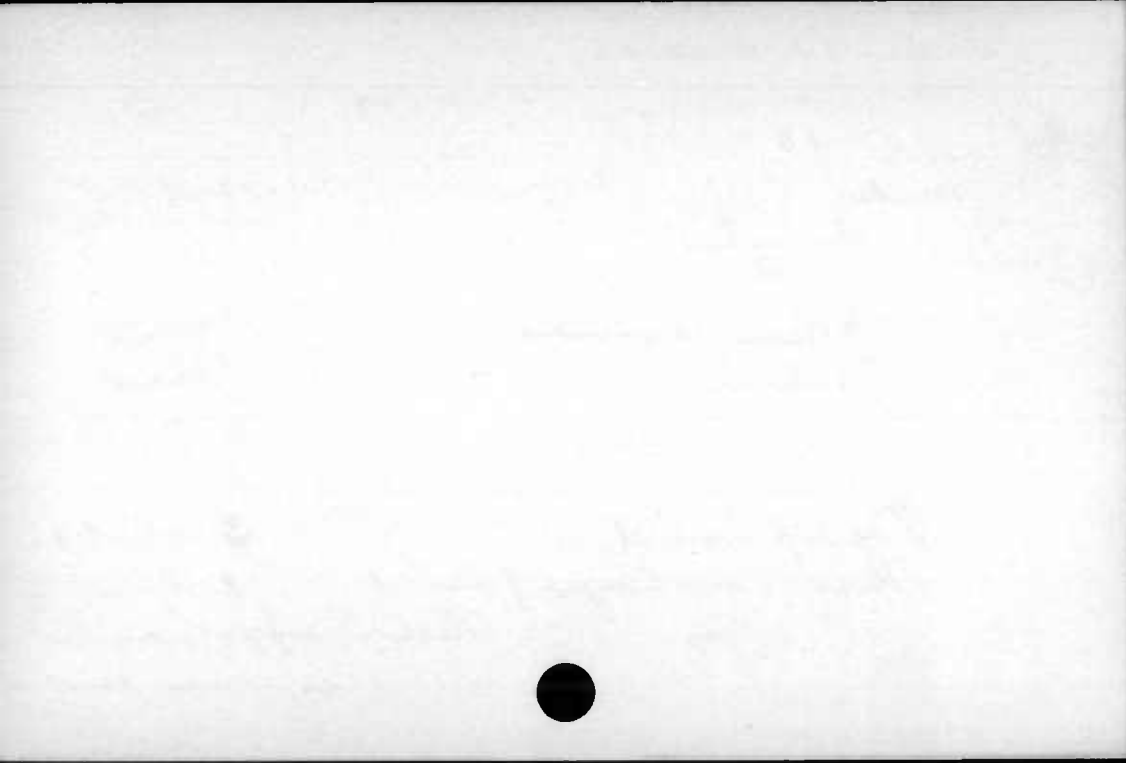
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorchester</i> ^{Town}		<i>Lebanon</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>10</i>	Day <i>17</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>H. H. Swann</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Swann</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>H. H. Swann</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 mos.</i>
Immediate <i>Summer complaint</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Chappell M.D.</i>
	Address <i>Keyhaven Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Thomas</i>		Town <i>Hughesville</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Hughesville</i>		Month <i>10</i>		Day <i>13</i>		Years <i>23</i>	
Date of death 190 <i>2</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>John Thomas</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Julia</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>3 weeks</i>
Immediate <i>Hemorrhage of bowel</i>	How long <i>2 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Her C. Chappell M.D.</i>
	Address <i>Hughesville Ind</i>
Accident or Suicide?	



Name in Full		Town				County		MAYLAND	
Roy Willette		Wadsworth		Charles					
Died at		Date of death 1902		Month Feb		Day 1		Age 2	
						Years 3		Months 8	
								Days 1	
Sex Boy		Color or Race White		Birth-place Charles County					
Married Single or Widowed		Occupation		Farm					
Name of Wife or Husband		James A. Willette		Father's Birthplace		Md			
Mother's Maiden Name		Alice O. German		Mother's Birthplace		Md			
Name of person giving information		B. L. German		How related to deceased		Father			
CAUSES OF DEATH									
Primary		Croup				How long 10			
Immediate		Consumption				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. Morris			
				Address		Wadsworth			
-Accident or Suicide?									

